

Certificate of Notice Page 1 of 3
United States Bankruptcy Court
Eastern District of Pennsylvania

In re:
John James O'Boyle, Jr.
Debtor

Case No. 19-16100-amc
Chapter 13

CERTIFICATE OF NOTICE

District/off: 0313-2

User: JEGilmore
Form ID: pdf900

Page 1 of 1
Total Noticed: 4

Date Rcvd: Oct 01, 2019

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Oct 03, 2019.

db +John James O'Boyle, Jr., 2823 Chatham St., Philadelphia, PA 19134-4213

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.

smg E-mail/Text: megan.harper@phila.gov Oct 02 2019 03:53:50 City of Philadelphia,
City of Philadelphia Law Dept., Tax Unit/Bankruptcy Dept, 1515 Arch Street 15th Floor,
Philadelphia, PA 19102-1595

smg E-mail/Text: RVSVCBICNOTICE1@state.pa.us Oct 02 2019 03:53:26
Pennsylvania Department of Revenue, Bankruptcy Division, P.O. Box 280946,
Harrisburg, PA 17128-0946

smg +E-mail/Text: usapae.bankruptcynotices@usdoj.gov Oct 02 2019 03:53:47 U.S. Attorney Office,
c/o Virginia Powel, Esq., Room 1250, 615 Chestnut Street, Philadelphia, PA 19106-4404
TOTAL: 3

***** BYPASSED RECIPIENTS *****

NONE.

TOTAL: 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.
USPS regulations require that automation-compatible mail display the correct ZIP.

Transmission times for electronic delivery are Eastern Time zone.

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Oct 03, 2019

Signature: /s/Joseph Speetjens

CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on October 1, 2019 at the address(es) listed below:

United States Trustee USTPRegion03.PH.ECF@usdoj.gov
WILLIAM C. MILLER, Esq. ecfemails@phl3trustee.com, philaecf@gmail.com

TOTAL: 2

Fill in this information to identify the case:

Debtor 1 John J. O'Boyle
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of PA

Case number 19-16100 AMC
(if known)

Chapter filing under:

☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

19 16100 amc

Order Approving Payment of Filing Fee in Installments

After considering the *Application for Individuals to Pay the Filing Fee in Installments* (Official Form 103A), the court orders that:

☒ The debtor(s) may pay the filing fee in installments on the terms proposed in the application.

☐ The debtor(s) must pay the filing fee according to the following terms:

You must pay...	On or before this date...
\$ <u>80.00</u>	10/27/2019 Month / day / year
\$ <u>80.00</u>	<u>11/27/2019</u> Month / day / year
\$ <u>80.00</u>	<u>12/27/2019</u> Month / day / year
+ \$ <u>70.00</u>	<u>01/27/2020</u> Month / day / year
Total	
\$ <u>310.00</u>	

NO PERSONAL CHECKS ACCEPTED.
Payment accepted ONLY in the form of
Cash, Money Order, Certified Check, or
Check Drawn on an Attorney's Account

Until the filing fee is paid in full, the debtor(s) must not make any additional payment or transfer any additional property to an attorney or to anyone else for services in connection with this case.

Date: September 30, 2019
Month / day / year

By the court:


United States Bankruptcy Judge

Fill in this information to identify your case:

Debtor 1 John J O'Boyle
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 103A

Application for Individuals to Pay the Filing Fee in Installments

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: Specify Your Proposed Payment Timetable

1. Which chapter of the Bankruptcy Code are you choosing to file under?

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

2. You may apply to pay the filing fee in up to four installments. Fill in the amounts you propose to pay and the dates you plan to pay them. Be sure all dates are business days. Then add the payments you propose to pay.

You must propose to pay the entire fee no later than 120 days after you file this bankruptcy case. If the court approves your application, the court will set your final payment timetable.

You propose to pay...

\$ 80⁰⁰

☐ With the filing of the petition

☒ On or before this date..... 10/27/19
MM / DD / YYYY

\$ 80⁰⁰

On or before this date..... 11/27/19
MM / DD / YYYY

\$ 80⁰⁰

On or before this date..... 12/27/19
MM / DD / YYYY

+ \$ 70⁰⁰

On or before this date..... 1/27/20
MM / DD / YYYY

Total

\$ 310⁰⁰

◀ Your total must equal the entire fee for the chapter you checked in line 1.

Part 2: Sign Below

By signing here, you state that you are unable to pay the full filing fee at once, that you want to pay the fee in installments, and that you understand that:

- You must pay your entire filing fee before you make any more payments or transfer any more property to an attorney, bankruptcy petition preparer, or anyone else for services in connection with your bankruptcy case.
- You must pay the entire fee no later than 120 days after you first file for bankruptcy, unless the court later extends your deadline. Your debts will not be discharged until your entire fee is paid.
- If you do not make any payment when it is due, your bankruptcy case may be dismissed, and your rights in other bankruptcy proceedings may be affected.

x John J O'Boyle
Signature of Debtor 1

x _____
Signature of Debtor 2

x _____
Your attorney's name and signature, if you used one

Date 9/27/19
MM / DD / YYYY

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY